

|                                 |  |                               |  |
|---------------------------------|--|-------------------------------|--|
| <i>SERFF Tracking Number:</i>   | <i>GRTT-126141329</i>                                    | <i>State:</i>                 | <i>Arkansas</i>                        |
| <i>Filing Company:</i>          | <i>United National Life Insurance Company of America</i> | <i>State Tracking Number:</i> | <i>42503</i>                           |
| <i>Company Tracking Number:</i> | <i>U0960-AR</i>  |                               |  |
| <i>TOI:</i>                     | <i>H02I Individual Health - Accident Only</i>            | <i>Sub-TOI:</i>               | <i>H02I.000 Health - Accident Only</i> |
| <i>Product Name:</i>            | <i>U0960-AR</i>  |                               |  |
| <i>Project Name/Number:</i>     | <i>Accident Only /U0960-AR</i>                           |                               |  |

## Filing at a Glance

Company: United National Life Insurance Company of America

|   |                              |                                     |
|---|------------------------------|-------------------------------------|
| Product Name: U0960-AR                      | SERFF Tr Num: GRTT-126141329 | State: ArkansasLH                   |
| TOI: H02I Individual Health - Accident Only | SERFF Status: Closed         | State Tr Num: 42503                 |
| Sub-TOI: H02I.000 Health - Accident Only    | Co Tr Num: U0960-AR          | State Status: Approved-Closed       |
| Filing Type: Form/Rate                      | Co Status:                   | Reviewer(s): Rosalind Minor         |
|   | Author: Gillian Liang        | Disposition Date: 06/03/2009        |
|   | Date Submitted: 05/27/2009   | Disposition Status: Approved-Closed |
|   |                              | Implementation Date:                |

Implementation Date Requested: On Approval

State Filing Description:

## General Information

|  |  |
|--|--|
| Project Name: Accident Only              | Status of Filing in Domicile: Pending    |
| Project Number: U0960-AR                 | Date Approved in Domicile:               |
| Requested Filing Mode: Review & Approval | Domicile Status Comments:                |
| Explanation for Combination/Other:       | Market Type: Individual                  |
| Submission Type: New Submission          | Group Market Size:                       |
| Overall Rate Impact:                     | Group Market Type:                       |
| Filing Status Changed: 06/03/2009        | Explanation for Other Group Market Type: |
|  | State Status Changed: 06/03/2009         |
| Deemer Date:                             | Corresponding Filing Tracking Number:    |

Filing Description:

We are submitting the referenced forms for your Department's consideration and approval. These are new and will not replace any form currently on file with your Department. The forms are for use on a general basis.

Policy form U0960-AR is an Accident Only policy which provides various indemnity benefits, such as hospital confinement, intensive care unit confinement, recovery benefit following hospital confinement, ambulance, emergency room, doctor's office visit, outpatient surgical benefit or fracture benefit, laceration benefit and accidental death and

dismemberment benefit. The policy offers a choice of benefits levels as indicated in the attached Benefit Schedules (Plans A through D).

On the covered person's 80th birthday, benefits will be reduced by 50%.

Application UAPPH1-09-AR will be used in the solicitation of this product, but we ask for its general approval, in the event it may be used for similar products approved in the future. Sections A and B of this application are being filed as variable. It is not our intention to make any changes to the application that would cause it to be out of compliance with any statutory requirements.

We use multiple computer systems to generate forms. Therefore, actual issued forms may have a different font style than the submitted forms. As a result, provisions may appear on different pages and lines may not match up exactly. The wording and its order, however, will remain identical. We do not anticipate refiling for a font style variation.

Thank you for your time and attention to this filing. If I can be of further assistance in this approval process, please feel free to call me at 800-207-8050, extension 5410, or e-mail me at [glian@gtlic.com](mailto:glian@gtlic.com).

Created by SERFF on 06/03/2009 10:09 AM

*SERFF Tracking Number:*      *GRTT-126141329*      *State:*      *Arkansas*  
*Filing Company:*      *United National Life Insurance Company of*      *State Tracking Number:*      *42503*  
    *America*  
*Company Tracking Number:*      *U0960-AR*  
*TOI:*      *H02I Individual Health - Accident Only*      *Sub-TOI:*      *H02I.000 Health - Accident Only*  
*Product Name:*      *U0960-AR*  
*Project Name/Number:*      *Accident Only /U0960-AR*

### **Filing Contact Information**

Gillian Liang, Senior Compliance Analyst      glian@gtlic.com  
 1275 Milwaukee Ave.      (847) 904-5410 [Phone]  
 Glenview, IL 60025      (847) 699-0093[FAX]

### **Filing Company Information**

|  |   |  |
|--|---|--|
| United National Life Insurance Company of<br>America<br>1275 Milwaukee Ave.<br>Glenview, IL 60025<br>(847) 803-5252 ext. [Phone] | CoCode: 92703<br><br>Group Code: 903<br>Group Name:<br>FEIN Number: 37-1095206<br>----- | State of Domicile: Illinois<br><br>Company Type:<br>State ID Number: |
|--|---|--|

### **Filing Fees**

Fee Required?      Yes  
 Fee Amount:      \$100.00  
 Retaliatory?      Yes  
 Fee Explanation:      Our home state, Illinois charges \$50.00 per form. For 2 forms 50 x 2 = \$100.00  
 Per Company:      No

| COMPANY  | AMOUNT   | DATE PROCESSED | TRANSACTION # |
|--|----------|----------------|---------------|
| United National Life Insurance Company of<br>America | \$100.00 | 05/27/2009     | 28121829      |

|                          |   |                        |                                 |
|--------------------------|---|------------------------|---------------------------------|
| SERFF Tracking Number:   | GRTT-126141329                                    | State:                 | Arkansas                        |
| Filing Company:          | United National Life Insurance Company of America | State Tracking Number: | 42503                           |
| Company Tracking Number: | U0960-AR  |                        |                                 |
| TOI:                     | H02I Individual Health - Accident Only            | Sub-TOI:               | H02I.000 Health - Accident Only |
| Product Name:            | U0960-AR  |                        |                                 |
| Project Name/Number:     | Accident Only /U0960-AR                           |                        |                                 |

## Correspondence Summary

### Dispositions

| Status          | Created By     | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 06/03/2009 | 06/03/2009     |

|                                 |  |                               |  |
|---------------------------------|--|-------------------------------|--|
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| <i>Product Name:</i>            | <i>U0960-AR</i>  |                               |  |
| <i>Project Name/Number:</i>     | <i>Accident Only /U0960-AR</i>                           |                               |  |

## Disposition

Disposition Date: 06/03/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRTT-126141329 State: Arkansas

Filing Company: United National Life Insurance Company of America State Tracking Number: 42503

Company Tracking Number: U0960-AR

TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only

Product Name: U0960-AR

Project Name/Number: Accident Only /U0960-AR

| Item Type           | Item Name                        | Item Status     | Public Access |
|---------------------|----------------------------------|-----------------|---------------|
| Supporting Document | Flesch Certification             | Approved-Closed | Yes           |
| Supporting Document | Application                      | Approved-Closed | Yes           |
| Supporting Document | Health - Actuarial Justification | Approved-Closed | No            |
| Supporting Document | Outline of Coverage              | Approved-Closed | Yes           |
| Supporting Document | Exhibit for policy U0960-AR      | Approved-Closed | Yes           |
| Supporting Document | Statement of Variability         | Approved-Closed | Yes           |
| Form                | Accident Only Policy             | Approved-Closed | Yes           |
| Form                | Accident Only Application        | Approved-Closed | Yes           |
| Rate                | Accident Only Policy             | Approved-Closed | Yes           |

SERFF Tracking Number: GRTT-126141329 State: Arkansas

Filing Company: United National Life Insurance Company of America State Tracking Number: 42503

Company Tracking Number: U0960-AR

TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only

Product Name: U0960-AR

Project Name/Number: Accident Only /U0960-AR

## Form Schedule

Lead Form Number: U0960-AR

| Review Status   | Form Number  | Form Type               | Form Name                 | Action  | Action Specific Data | Readability | Attachment       |
|-----------------|--------------|-------------------------|---------------------------|---------|----------------------|-------------|------------------|
| Approved-Closed | U0960-AR     | Policy/Cont             | Accident Only Policy      | Initial |                      | 45          | U0960-AR.pdf     |
|                 |              | ract/Fratern            | al                        |         |                      |             |                  |
|                 |              | Certificate             |                           |         |                      |             |                  |
| Approved-Closed | UAPPH1-09-AR | Application/ Enrollment | Accident Only Application | Initial |                      | 51          | UAPPH1-09-AR.pdf |
|                 |              | Form                    |                           |         |                      |             |                  |

**UNITED NATIONAL LIFE  
INSURANCE COMPANY OF  
AMERICA**

A Stock Company  
PO BOX 1154  
Glenview, IL 60025  
(847) 803-5252

**ACCIDENT ONLY  
POLICY**

**THIS IS A LEGAL  
CONTRACT BETWEEN  
YOU AND US. READ YOUR  
POLICY CAREFULLY.**

Signed for United National Life  
Insurance Company of America,  
at its Home Office, by:



Secretary



President

**WE PROMISE** to insure You for the benefits described in this Policy. Benefits are subject to the Policy definitions, provisions, limitations and exclusions. This Policy is issued in consideration of the application and payment of the first Premium. The application is attached to and made a part of this Policy.

**GUARANTEED RENEWABLE.**

You may keep this Policy in force during Your entire lifetime by paying the renewal premium at the intervals available to You at the time of renewal. You must pay the premium when due or within the grace period. We cannot cancel or refuse to renew this Policy or place any restrictions on it if You pay Your Premiums on time.

**YOUR RIGHT TO EXAMINE  
THIS POLICY FOR TEN (10)  
DAYS.**

It is important to us that you are satisfied with this Policy. If You are not satisfied with this Policy, You may return it to us within ten (10) days of its receipt. Upon Our receipt of Your returned Policy, We will cancel the Policy as of the Effective Date and refund any premiums You have paid.

**PREMIUMS ARE SUBJECT  
TO CHANGE.**

The premium rates for this policy may change, but only if they are changed for all policies like Yours on a class basis. The change may be due to a change in benefits, or a new table of rates. We will provide You with written notice at least thirty-one (31) days in advance of any change in renewal premium.

**EFFECTIVE DATE.** This policy begins at 12:01 a.m. standard time at Your residence on the Effective Date shown in the policy schedule.

**IMPORTANT NOTICE**

Please read the copy of the application attached to this Policy. Carefully check the application and write to Us at the address shown above within ten (10) days if any information shown on it is not correct and complete. If Your answers are incorrect or untrue, We may have the right to deny benefits or rescind Your policy. The application is a part of this Policy and this Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

If You have any problems, complaints or questions concerning this Policy, please write Us at the above address or call us at 800 207-8050. If We are unable to satisfy You, You may write the Arkansas Consumer Services Division, Department of Insurance, 1200 W. Third Street, Little Rock, AR 72201-1904 or call 800 282-9124.

Licensed Resident  
Agent

**THIS IS AN ACCIDENT ONLY POLICY.  
IT DOES NOT PAY BENEFITS FOR LOSS AS A RESULT OF SICKNESS.**

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare,  
review the Medicare Supplement Buyer's Guide available from the Company.**



## TABLE OF CONTENTS

|                                  |              |
|----------------------------------|--------------|
| Policy Schedule .....            | Page 3       |
| Consideration .....              | Page 4       |
| Definitions .....                | Pages [4-6]  |
| Eligibility and Additions .....  | Pages [7-8]  |
| Benefit Provisions .....         | Pages [8-9]  |
| Automatic Benefit Increase ..... | Pages [9]    |
| Benefit Reduction .....          | Pages [9]    |
| Exclusions .....                 | Page [9]     |
| Premium and Reinstatement .....  | Page [10]    |
| Claim Provisions .....           | Pages [11]   |
| General Provisions .....         | Page [11-12] |
| Benefit Schedule(s) .....        | Attached     |

## POLICY SCHEDULE

[COVERED DEPENDENTS:]

## ACCIDENT ONLY COVERAGE

|                |              |
|----------------|--------------|
| INSURED:       | \$[ 500.00 ] |
| SPOUSE:        | \$[ 166.67 ] |
| CHILDREN       | \$[ 214.29 ] |
|                |              |
| TOTAL PREMIUMS | [\$ 880.95 ] |

*Highlight indicates plans chosen for basis of John Doe premium sample schedule page.*

## CONSIDERATION

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We have issued this policy in consideration of the statements made in the application and payment of the First Premium. The application is attached and made a part of this policy.

## POLICY DEFINITIONS

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**Accident:** A sudden and unforeseeable event that results in an Injury.

**Ambulance:** A vehicle which is licensed solely as an ambulance by the local regulatory body to provide transportation to a Hospital or transportation from one Hospital to another for those individuals who are unable to travel to receive medical care by any other means. Air ambulance charges are only eligible for transportation from the site of an Emergency to the nearest appropriate facility.

**Ambulatory Surgical Center:** A facility that is accredited by a national accrediting body or licensed by a state agency and which:

- Is equipped and operated to provide medical care and treatment by a Doctor;
- Does not provide services or accommodations for overnight stays;
- Has a full time medical staff that is under the supervision of a duly licensed Doctor;
- Has at least one licensed registered nurse (R.N.) on duty at all times when patients are in the facility;
- Has at least one operating room and one recovery room and is equipped to support any surgery performed;
- Has X-ray and laboratory diagnostic facilities;
- Maintains a medical record for each patient; and
- Has a written agreement with at least one Hospital for the immediate transfer of patients who develop complications or need confinement.

**Covered Person:** Means You or a person:

1. who is eligible for coverage as Your Dependent
2. who has been accepted for coverage or has been automatically added.
3. who has paid the required premium; and
4. whose coverage has become effective and has not terminated.

**Daily Benefit Amount:** The amount We will pay each day when Hospital Confined due to Injury. The Daily Benefit Amount is shown in the Benefits Schedule.

**Dependent:** A person who is Your:

1. legally married spouse (or state recognized common law spouse), residing with You.
2. child who is dependent upon You for support and maintenance and is under the age of nineteen (19) or age twenty-five (25) at your request.

The term child refers to Your and Your spouse's unmarried:

1. natural child;
2. stepchild; a stepchild is a Dependent on the date You marry the child's parent; and
3. adopted child, including a child placed with You for the purpose of adoption, from the moment of placement as certified by the agency making the placement.

**Doctor:** A legally qualified person licensed in the healing arts and practicing within the scope of his or her license. A Doctor does not include You or a Family Member.

**Emergency:** An Injury for which a Covered Person seeks immediate medical treatment at the nearest available Hospital. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care the Covered Person could reasonably expect that: (1) his or her life or health would be in serious jeopardy; (2) his or her bodily functions would be seriously impaired; or (3) a body organ or part would be seriously damaged.

## Policy Definitions (Continued)

**Experimental/Investigational:** A drug, device or medical care or treatment will be considered experimental/investigational if:

- the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug is administered or the device is furnished;
- the informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law;
- the drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval;
- reliable evidence show that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of on-going Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis; or
- reliable evidence show that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis.

Reliable evidence means only: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Charges will be considered in accordance with the drug, device or medical care at the time the expense is incurred.

**Family Member:** A person, including You, who is related to a Covered Person in any of the following ways: spouse (includes state recognized common-law), brother-in-law, sister-in-law, son-in-law, daughter-in-law, father-in-law, mother-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted, step or foster child.)

**Hospital:** An institution licensed, accredited, or certified by the State which:

- is accredited by the Joint Commission on Accreditation of Healthcare Organizations;
- provides 24-hour nursing service by registered nurses (R.N.);
- mainly provides diagnostic and therapeutic care under the supervision of Doctors on an inpatient basis; and
- maintains permanent surgical facilities or has an arrangement with another surgical facility supervised by a staff of one or more Doctors.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

Hospital does not include a place, special ward, floor, or other accommodation used for: custodial, educational care, or rehabilitation; rest; the aged; a nursing home or an institution mainly rendering treatment or services for mental or nervous disorders or substance abuse.

**Hospital Confined/Hospital Confinement:** Confinement in a Hospital for at least 24 consecutive hours by reason of an Injury for which benefits are payable and there is a charge for room and board.

**Injury / Injuries:** Bodily injury due to an Accident which:

- results directly and independently of disease, bodily infirmity or any other causes;
- solely, directly and independently of all other causes results on loss covered by the Policy;
- occurs after the effective date of the Covered Person's coverage under this Policy; and
- occurs while this Policy is in force.

All Injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Accident.

**Insured** means the person named in the Policy application and Policy Schedule.

## Policy Definitions (Continued)

**Medically Necessary:** A treatment, drug, device, procedure, supply or service that is necessary and appropriate for the diagnosis or treatment of an Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided. When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.

A treatment, drug, device, procedure, supply, or service shall not be considered as Medically Necessary if it:

- is Experimental/Investigational or for research purposes;
- is provided solely for education purposes or the convenience of the Covered Person, the Covered Person's family, Doctor, Hospital or any other provider;
- exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- could have been omitted without adversely affecting the person's condition or the quality of medical care;
- involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration;
- involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- can be safely provided to the patient on a less cost-effective basis such as outpatient, by a different medical professional, or pursuant to a more conservative form of treatment.

We reserve the right to determine whether a service, supply, or drug is Medically Necessary.

**Medical Treatment:** Medically Necessary treatment or procedure provided to a Covered Person by a Doctor and which is received solely as a result of an Injury.

**Mental or Nervous Disorder:** Any condition or disease, regardless of its cause, listed in the most recent edition of the *International Classification of Diseases* as a Mental Disorder on the date the medical care or treatment is rendered to the Covered Person.

**Outpatient Facility:** A facility which

- Meets licensing and other legal requirements and is equipped to provide surgical services;
- Classified by the Hospital as an out-patient facility; and
- In which you are confined for less than 24 hours.

**Sickness** means illness or disease which manifests itself while this Policy is in force. Complications of pregnancy will be considered a sickness.

**Strain** means overstretching or overexertion of some part of the musculature that results in an injury to muscle tissue resulting from overstretching.

**We, Us, Our and Company:** United National Life Insurance Company of America.

**You, Your and Yours:** The person named as the Insured in the Policy Schedule.

## ELIGIBILITY AND ADDITIONS

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### Section A – General Eligibility

A person who makes application for coverage under the Policy will become an Insured person if he or she meets our underwriting standards for coverage.

If You are eligible to apply for coverage under the Policy, You may apply to include as Covered Persons:

1. Your lawful spouse (or state recognized common law spouse);
2. each unmarried child of Yours who is a Dependent.

### Section B –Dependents Acquired After Effective Date

**Newborn Child:** Your newborn child is automatically covered from the moment of birth until such child is thirty-one (31) days old. Coverage for such child will be for Injury. However, You must notify Us in writing within thirty-one (31) days of such birth and pay the required additional premium, if any, in order to have coverage for the newborn child continue beyond such thirty-one (31) day period.

**Adopted Child:** Coverage for an adopted child shall begin on the date of the filing of a petition for adoption. If You apply for coverage within sixty (60) days after the filing of the petition for adoption. However, coverage shall begin from the moment of birth if the petition for adoption and application for coverage is filed within sixty (60) days after the birth of the minor.

**Other Than Newborn or Adopted Child:** A person who qualifies as a Dependent after the Effective Date of coverage may be insured under this Policy. Application and premium must be received by Us within thirty-one (31) days after the date the person first qualifies as a Dependent, and the required premium must be paid. Coverage is effective upon receipt of an application for coverage, our underwriting standards are met and premium is paid.

If You do not meet the applicable requirements, a child as set forth in this section will cease to be a Covered Person at the end of the thirty-one (31) day period.

### Section C – Termination

A child will cease to be covered on the premium due date that follows the earlier of such child's: (a) nineteenth (19<sup>th</sup>) birthday, twenty-fifth (25<sup>th</sup>) birthday at your request; or (b) date of marriage.

The coverage of a child will not terminate if that child is both: (a) incapable of self-sustaining employment because of mental retardation or physical handicap; and (b) currently dependent upon You. At Our request and Our expense, proof of the incapacity or dependency must be furnished to Us by You. You must notify Us if the incapacity or dependency is thereafter removed or terminated.

Coverage of Your spouse shall cease on the premium due date that follows the date of entry of a valid judgment of dissolution of marriage.

### Section D – Continuation of Coverage

If You die, Your spouse, if any and covered under this Policy, will become the Insured and have the right to continue coverage for all Covered Persons under this Policy. A written request for continuation of coverage for all Covered Persons and the appropriate premium must be received by Us within thirty-one (31) days after Your death. Upon Our receipt of such written request and premium, We will continue coverage under this Policy.

We will terminate this Policy if the written request for continuation and the appropriate premium is not received by Us within thirty-one (31) days after Your death.

## ELIGIBILITY AND ADDITIONS (Continued)

### Section E – Conversion Option:

A covered Dependent may apply for a Conversion policy if coverage under this Policy terminates, except for non-payment of premium, as set forth in the Termination provision. The Conversion Policy will be issued without proof of good health, subject to the following conditions: a written application for the Conversion policy is sent to Us within thirty-one (31) days of the date on which such person's coverage under this Policy ends. The Effective Date of the Conversion policy shall be the date such person's coverage ended under this Policy. The premium for the Conversion policy will be based on: (1) the attained age of the covered Dependent; and (2) the premium rate table currently in effect for the Conversion policy form and amount of coverage provided.

1. The Conversion policy will be this or a similar form currently in use by Us.
2. the Conversion policy may exclude any condition excluded by this Policy with respect to the covered Dependent at the time of the termination of coverage under this Policy. We will not pay benefits under the Conversion policy for loss incurred while this Policy is in force.
3. any benefit amounts paid for a covered Dependent under this Policy will be applied to any benefit limits under the converted policy.

Termination of coverage because a person ceases to be a Covered Person is without prejudice to any claim originating prior to termination of coverage.

## BENEFIT PROVISIONS

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We will pay the benefit amounts shown in the Benefit Schedule Page for each of the benefits listed below for loss incurred as a result of an Accident. Benefits are payable only when loss is:

1. Incurred by a Covered Person while his or her coverage under this Policy is in force;
2. Incurred for Medically Necessary care of the Covered Person's Accident; and
3. Not otherwise excluded from coverage under this Policy

Unless specified otherwise, benefit limits shown below are per Covered person.

### **A. DAILY HOSPITAL CONFINEMENT BENEFIT**

We will pay the Daily Benefit Amount for each day a Covered Person is Hospital Confined when such confinement is as a result of an Accident. The Daily Benefit Amount is payable for up to sixty (60) days of Hospital Confinement per Accident.

### **B. DAILY INTENSIVE CARE UNIT CONFINEMENT BENEFIT**

We will pay the Daily Intensive Care Unit Confinement Benefit Amount for each day a Covered Person is confined in an Intensive Care Unit of a Hospital when such confinement is as a result of an Accident. The Daily Intensive Care Benefit Amount is payable for up to thirty (30) days of Intensive Care Unit Confinement per Accident.

### **C. RECOVERY BENEFIT FOLLOWING HOSPITAL CONFINEMENT**

We will pay the Recovery Benefit following a period of Hospital Confinement but not to exceed two times the number of days of such Hospital Confinement. This benefit is payable for a maximum of 30 days per Accident.

### **D. AMBULANCE BENEFIT**

We will pay the Ambulance Benefit Amount for Ambulance service when needed to transport a Covered Person to the nearest available Hospital due to an Accident. The Ambulance Service Benefit is limited to one (1) transport per Accident.

### **E. EMERGENCY ROOM BENEFIT**

We will pay for services rendered to a Covered Person in a Hospital emergency room or Hospital affiliated emergency care facility as a result of an Accident. Emergency treatment must be sought within twenty-four (24) hours of the Accident. The Emergency Room Benefit is limited to one (1) Emergency Room treatment per Accident.

## **BENEFIT PROVISIONS (Continued)**

### **F. DOCTOR'S OFFICE VISIT BENEFIT**

We will pay the Doctor's Office Visit Benefit when a Covered Person receives medical services of a Doctor for an Accident, limited to a maximum of three (3) visits per Accident.

### **G. (i) OUTPATIENT SURGICAL BENEFIT**

We will pay the Outpatient Surgical Benefit Amount for a surgical procedure performed by a Doctor when such procedure is performed in an Ambulatory Surgical Center or Outpatient Facility of a Hospital or a Doctor's office. The surgery must be deemed Medically Necessary and performed as a result of an Accident. The Surgery benefit is limited to one (1) payment per Accident without regard to the number of surgical procedures rendered.

### **(ii) FRACTURE BENEFIT**

We will pay the Fracture benefit when a Covered Person receives services that are deemed to be Medically Necessary for the treatment of a fracture sustained as a result of an Accident. A fracture for the purposes of coverage under this policy refers to a break in bone or cartilage which is the result of trauma. It does not include a fracture caused by an acquired disease, such as osteoporosis or Padgett's disease or by abnormal formation of bone in a disease such as osteogenesis imperfecta. The Fracture benefit is limited to one (1) payment per Accident.

We will only pay one of the above benefits, either G(i) Outpatient Surgical Benefit or G(ii) Fracture Benefit, per Accident. We will pay the greater benefit.

### **I. LACERATION BENEFIT**

We will pay the Laceration Benefit when a Covered Person is lacerated due to an Accident and the laceration is repaired with stitches or staples by a Doctor within 72 hours after the Accident and such laceration is performed in an Ambulatory Surgical Center or Outpatient Facility of a Hospital or a Doctor's office. The Laceration Benefit is limited to a maximum of two (2) lacerations per Accident.

### **J. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT**

We will pay the Accidental Death Benefit to the beneficiary named in the application (or as later changed) if a Covered Person should die solely as a result of Injuries. Accidental death must occur while this Policy is in force for the Covered Person and within ninety (90) days after the date of the Accident which caused the Injuries.

We will pay the appropriate Accidental Dismemberment Benefit if a Covered Person suffers total and irrecoverable loss of eyesight or limbs solely as the result of an Injury. The dismemberment must occur while this Policy is in force for the Covered Person and within ninety (90) days after the date of the Accident which caused the Injuries.

Loss means with regard to hands and feet, dismemberment by severance through or above the wrist or ankle joint; with regard to eyes, the loss of sight must be total and irrecoverable, and beyond remedy by surgical or other means.

For all loss (dismemberment and/or death) sustained as a result of one Accident, We will pay the benefit amount shown in the Benefit Schedule page.

## **AUTOMATIC BENEFIT INCREASE**

Each policy anniversary date We will increase the amount payable for the Daily Hospital Confinement Benefit, Daily Intensive Care Unit Confinement Benefit, Recovery Benefit, Ambulance Benefit, Emergency Room Benefit, Doctor's Office Visit Benefit, Outpatient Surgical Benefit, Fracture Benefit, Laceration Benefit and the Accidental Death and Dismemberment Benefit. After the first policy year, each of these benefits will be increased by five percent (5%) per year of the initial benefit amounts for five (5) years while the Policy remains in force. The increased benefit amounts are shown in Benefit Schedule page.

All benefits payable under this Policy shall be calculated based on the scheduled benefits for the policy anniversary year in which the accident occurred. Benefits are not payable based on any other date.

## **BENEFIT REDUCTION**

For any loss due to an accident occurring on or after the first policy anniversary which follows the Covered Person's eightieth (80<sup>th</sup>) birthday, all benefits payable will be reduced by fifty percent (50%).



## EXCLUSIONS

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This Policy does not provide benefits for:

- Treatment, services or supplies which:
  - Are not Medically Necessary;
  - Are not prescribed by a Doctor as necessary to treat an Injury;
  - Are determined to be Experimental/Investigational in nature;
  - Are received without charge or legal obligation to pay;
- Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law.
- Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare-paying passenger on a regularly scheduled commercial airline.
- Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
- Treatment of Sickness, disease or infections including degenerative joint disease and/or non-traumatic arthritis, except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances.
- Suicide or attempted suicide while sane; or self-destruction or an attempt to self-destroy while insane.
- Injury sustained while committing or attempting to commit a felony.
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.
- Loss caused by or resulting from any Injury to the spine, or the cervical, thoracic spinal, dorsal, sacro-iliac, or lumbar regions unless loss begins not less than 6 months after the Covered Person's effective date of coverage.
- Repetitive motion Injuries, Strains, all types of hernia, tendinitis, bursitis and heat exhaustion not related to a specific Injury.
- Loss resulting from testing cars/trucks on any racetrack or speedway.
- Injury sustained while taking part in any of the following activities: competing in motor sport or water sport races or competitions; spelunking (exploring caves); scaling up or down cliffs or mountain walls; practice for or participation in a rodeo; flying in an ultra light, hang gliding, parachuting, bungee cord jumping.
- Injuries incurred outside of the United States or its possessions, unless such loss is incurred while the Covered Person is on a trip of not more than 60 days.

## PREMIUM AND REINSTATEMENT

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**Payment of Premium.** The first premium on Your policy is payable on the Effective Date. After that, premiums are payable in the amount and mode shown on the Policy Schedule. Payments may be made at Our Home Office in Glenview, IL

If We accept a premium, this Policy will continue in force until the end of the term for which that premium was due.

The amount of the first premium is shown in the Policy Schedule and is based on Your initial mode of payment. The amount of each premium after the first is based on Your then current mode of payment and the premium then being charged for policies of this form number and premium classification issued in the same state.

**Grace Period.** This Policy has a grace period of thirty-one (31) days for paying a premium. During the grace period, this Policy will remain in force. If a premium is not paid during the grace period, this Policy will terminate as of the due date of the premium.

**Reinstatement.** If a premium is not paid before the grace period ends, this Policy will lapse. Later acceptance of a premium by Us without asking for an application for reinstatement will reinstate this Policy as of 12:01 (Standard Time) on the day after the date we receive the premium.

If You are asked for an application, a conditional receipt for the premium will be given to You. If the application is approved, this Policy will be reinstated as of 12:01 (Standard Time) on the day after the date the reinstatement application is approved. Lacking such approval, this Policy will be reinstated on the 45<sup>th</sup> day after the date of the receipt unless We write You of Our disapproval before that date.

If reinstated, this Policy will only cover loss sustained after the date of reinstatement. In all other ways, Your rights and Ours will remain the same subject to any provision of the reinstatement. Premium will be applied as of the date of reinstatement.

**Refund of Premium:** We will refund that part of any premium paid beyond the end of the month in which Your death occurred. Payment will be made within 30 days after Our receipt of proof of Your death.

## CLAIM PROVISIONS

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**Notice of Claim.** Written notice of claim must be sent to Us at Our Home Office within thirty (30) days after the start of a loss. Such notice must include Your name and policy number. If notice cannot be given within that time, You must send the notice as soon as reasonably possible.

**Claim Forms.** When We receive notice of a claim, We will send forms for filing Proof of Loss. If We do not send these forms within fifteen (15) days, You will meet the Proof of Loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the Proof of Loss section.

**Proof of Loss.** Written Proof of Loss must be given to Us within ninety (90) days of such loss. If it was not reasonably possible to give Us written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. Unless You are legally unable to act, proof must be sent no later than one (1) year after the time specified.

**Payment of Claims.** When We receive written proof of loss covered by this Policy, We will pay any benefits due to You or else to Your beneficiary.

You are the beneficiary of all other Covered Persons. Your beneficiary is Your spouse, if living, otherwise Your surviving children; otherwise Your estate. Only You have the right to change Your beneficiary.

If benefits are payable to Your estate or to an insured or beneficiary who is a minor or otherwise not competent to give a valid release, We may pay up to \$1,000 to any relative by blood or connection by marriage of the insured or beneficiary who is deemed by Us to be equitably entitled thereto. Any payment made by Us in good faith pursuant to this provision shall fully discharge Us to the extent of such payment.

**Time of Payment of Claims.** After We receive satisfactory written proof of loss:

1. We will pay any benefits then due that are not payable periodically; and
2. We will pay at the end of each thirty (30) days any benefits due that are payable periodically, subject to continuing proof of loss.

**Physical Examination and Autopsy.** We, at Our own expense, have the right to have a Doctor of Our choice examine a Covered Person as often as reasonably necessary while a claim is pending. We may also have an autopsy made unless prohibited by law.

**Assignment.** Unless it is in writing and sent to Us at Our Home Office, no assignment of this Policy or its benefits, by You or Your legal representative will affect Us. We are not responsible for the validity of the assignment. Any payment We make in good faith will end Our liability to the extent of the payment.

**Legal Action.** No legal action may be brought to recover on this Policy until sixty (60) days after written proof of loss has been given as required. No such action may be brought after three (3) years from the time written proof of loss was required to be given.

## GENERAL PROVISIONS

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**Entire Contract Changes.** This policy with the application and attached papers is the entire contract between You and Us. No change in this Policy will be effective until approved by one of Our officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

**Misstatement of Age:** If the age of a Covered Person has been misstated, the benefits will be those the premium paid would have purchased at the correct age. If the correct age is such that We would not have insured the person under this Policy, or such that the coverage would have terminated, We will refund all premiums paid for the period not covered, and We will not pay any claims incurred during that period.

**Term.** The first term begins at 12:01 a.m. (Standard Time) on the Effective Date shown on the policy schedule, but insurance will not be effective prior to the time the application is signed by the applicant. The first term ends at 12:00 midnight (Standard Time) on the First Renewal Date. Each renewal term begins at 12:01 a.m. (Standard Time) on the day after the date to which premium is paid. Renewal dates are determined by Your mode of payment. Your initial mode of payment is shown in the Policy Schedule

**Time Limit on Certain Defenses.** We rely on the statements made in the application when issuing this insurance. After this insurance has been in force for two (2) years, only fraudulent misstatements in the application may be used to void this Policy or deny any claim for loss which starts after the two (2) year period.

**Conformity with State Statutes.** Any provision of this Policy which, on the Effective Date, is in conflict with the laws of the State in which You reside is amended to conform to the minimum requirements of those laws.

**UNITED NATIONAL LIFE  
INSURANCE COMPANY  
OF AMERICA**

A Stock Company  
PO BOX 1154  
Glenview, IL 60025  
(847) 803-5252

**ACCIDENT ONLY  
POLICY**

## **BENEFITS SCHEDULE – PLAN A**

This is a summary of Benefits. Please read your entire policy for further explanations and limitations.

### **ACCIDENT BENEFITS**

| <b>Benefit Description</b>  | <b>Benefit Amount</b>  | <b>Policy Year</b>   |
|---|--|--|
| Hospital Confinement Up to 60 days  | \$50.00 per day<br>\$52.50 per day<br>\$55.00 per day<br>\$57.50 per day<br>\$60.00 per day<br>\$62.50 per day                               | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Intensive Care Unit Confinement Up to 30 days                                     | \$250.00 per day<br>\$262.50 per day<br>\$275.00 per day<br>\$287.50 per day<br>\$300.00 per day<br>\$312.50 per day                         | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Recovery Benefit following Hospital Confinement –<br>Maximum 30 days per Accident | \$25.00 per day<br>\$26.25 per day<br>\$27.50 per day<br>\$28.75 per day<br>\$30.00 per day<br>\$31.25 per day                               | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Ambulance   | \$50.00 per accident<br>\$52.50 per accident<br>\$55.00 per accident<br>\$57.50 per accident<br>\$60.00 per accident<br>\$62.50 per accident | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Emergency Room  | \$25.00 per accident<br>\$26.25 per accident<br>\$27.50 per accident<br>\$28.75 per accident<br>\$30.00 per accident<br>\$31.25 per accident | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Doctor's Office Visit –<br>Maximum 3 visits per Accident                          | \$25.00 per visit<br>\$26.25 per visit<br>\$27.50 per visit<br>\$28.75 per visit<br>\$30.00 per visit<br>\$31.25 per visit                   | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |

## **BENEFITS SCHEDULE – PLAN A**

| <b>Benefit Description</b>   | <b>Benefit Amount</b>  | <b>Policy Year</b>   |
|--|--|--|
| Outpatient Surgical Procedures -<br>Limited To One Payment per Accident<br><br>Or<br><br>Fracture –<br>Limited To One Payment per Accident | \$250.00<br>\$262.50<br>\$275.00<br>\$287.50<br>\$300.00<br>\$312.50             | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
|  | \$125.00<br>\$131.25<br>\$137.50<br>\$143.75<br>\$150.00<br>\$156.25             | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Laceration –<br>Maximum of 2 lacerations per Accident  | \$25.00<br>\$26.25<br>\$27.50<br>\$28.75<br>\$30.00<br>\$31.25                   | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Accidental Death Benefit   | \$1,250.00<br>\$1,312.50<br>\$1,375.00<br>\$1,437.50<br>\$1,500.00<br>\$1,562.50 | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Accidental Dismemberment:<br>(A) Loss of Both Hands, Both Feet or Sight<br>of Both Eyes  | \$1,000.00<br>\$1,050.00<br>\$1,100.00<br>\$1,150.00<br>\$1,200.00<br>\$1,250.00 | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| (B) Loss of One Hand, One Foot, or Sight in<br>One Eye   | \$500.00<br>\$525.00<br>\$550.00<br>\$575.00<br>\$600.00<br>\$525.00             | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |

\* Benefits payable on or after the first policy anniversary which follows the Covered Person's eightieth (80th) birthday will be reduced by fifty percent (50%).

## **BENEFITS SCHEDULE – PLAN B**

This is a summary of Benefits. Please read your entire policy for further explanations and limitations.

### **ACCIDENT BENEFITS**

| <b>Benefit Description</b>  | <b>Benefit Amount</b>  | <b>Policy Year</b>   |
|---|--|--|
| Hospital Confinement Up to 60 days  | \$100.00 per day<br>\$105.00 per day<br>\$110.00 per day<br>\$115.00 per day<br>\$120.00 per day<br>\$125.00 per day                         | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Intensive Care Unit Confinement Up to 30 days                                     | \$500.00 per day<br>\$525.00 per day<br>\$550.00 per day<br>\$575.00 per day<br>\$600.00 per day<br>\$625.00 per day                         | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Recovery Benefit following Hospital Confinement –<br>Maximum 30 days per Accident | \$50.00 per day<br>\$52.50 per day<br>\$55.00 per day<br>\$57.50 per day<br>\$60.00 per day<br>\$62.50 per day                               | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Ambulance   | \$50.00 per accident<br>\$52.50 per accident<br>\$55.00 per accident<br>\$57.50 per accident<br>\$60.00 per accident<br>\$62.50 per accident | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Emergency Room  | \$50.00 per accident<br>\$52.50 per accident<br>\$55.00 per accident<br>\$57.50 per accident<br>\$60.00 per accident<br>\$62.50 per accident | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Doctor's Office Visit –<br>Maximum 3 visits per Accident                          | \$25.00 per visit<br>\$26.25 per visit<br>\$27.50 per visit<br>\$28.75 per visit<br>\$30.00 per visit<br>\$31.25 per visit                   | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |

## **BENEFITS SCHEDULE – PLAN B**

| <b>Benefit Description</b>  | <b>Benefit Amount</b>  | <b>Policy Year</b>   |
|---|--|--|
| Outpatient Surgical Procedures -<br>Limited To One Payment per Accident                 | \$500.00<br>\$525.00<br>\$550.00<br>\$575.00<br>\$600.00<br>\$625.00             | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Or  |  |  |
| Fracture –<br>Limited To One Payment per Accident                                       | \$250.00<br>\$262.50<br>\$275.00<br>\$287.50<br>\$300.00<br>\$312.50             | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Laceration –<br>Maximum of 2 lacerations per Accident                                   | \$50.00<br>\$52.50<br>\$55.00<br>\$57.50<br>\$60.00<br>\$62.50                   | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Accidental Death Benefit  | \$2,500.00<br>\$2,625.00<br>\$2,750.00<br>\$2,875.00<br>\$3,000.00<br>\$3,125.00 | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Accidental Dismemberment:<br>(A) Loss of Both Hands, Both Feet or Sight<br>of Both Eyes | \$1,666.67<br>\$1,750.00<br>\$1,833.33<br>\$1,916.67<br>\$2,000.00<br>\$2,083.33 | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| (B) Loss of One Hand, One Foot, or Sight in<br>One Eye                                  | \$833.33<br>\$875.00<br>\$916.67<br>\$958.33<br>\$1,000.00<br>\$1,041.67         | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |

\* Benefits payable on or after the first policy anniversary which follows the Covered Person's eightieth (80th) birthday will be reduced by fifty percent (50%).



## **BENEFITS SCHEDULE – PLAN C**

This is a summary of Benefits. Please read your entire policy for further explanations and limitations.

### **ACCIDENT BENEFITS**

| <b>Benefit Description</b>  | <b>Benefit Amount</b>  | <b>Policy Year</b>   |
|---|--|--|
| Hospital Confinement Up to 60 days  | \$200.00 per day<br>\$210.00 per day<br>\$220.00 per day<br>\$230.00 per day<br>\$240.00 per day<br>\$250.00 per day                               | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Intensive Care Unit Confinement Up to 30 days                                     | \$1,000.00 per day<br>\$1,050.00 per day<br>\$1,100.00 per day<br>\$1,150.00 per day<br>\$1,200.00 per day<br>\$1,250.00 per day                   | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Recovery Benefit following Hospital Confinement –<br>Maximum 30 days per Accident | \$100.00 per day<br>\$105.00 per day<br>\$110.00 per day<br>\$115.00 per day<br>\$120.00 per day<br>\$125.00 per day                               | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Ambulance   | \$100.00 per accident<br>\$105.00 per accident<br>\$110.00 per accident<br>\$115.00 per accident<br>\$120.00 per accident<br>\$125.00 per accident | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Emergency Room  | \$100.00 per accident<br>\$105.00 per accident<br>\$110.00 per accident<br>\$115.00 per accident<br>\$120.00 per accident<br>\$125.00 per accident | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Doctor's Office Visit –<br>Maximum 3 visits per Accident                          | \$50.00 per visit<br>\$52.50 per visit<br>\$55.00 per visit<br>\$57.50 per visit<br>\$60.00 per visit<br>\$62.50 per visit                         | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |

## **BENEFITS SCHEDULE – PLAN C**

| <b>Benefit Description</b>  | <b>Benefit Amount</b>  | <b>Policy Year</b>   |
|---|--|--|
| Outpatient Surgical Procedures -<br>Limited To One Payment Per Accident                 | \$1,000.00<br>\$1,050.00<br>\$1,100.00<br>\$1,150.00<br>\$1,200.00<br>\$1,250.00 | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter*         |
| Or<br><br>Fracture – Limited To One Payment Per Accident                                | <br><br>\$500.00<br>\$525.00<br>\$550.00<br>\$575.00<br>\$600.00<br>\$625.00     | <br><br>1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Laceration –<br>Maximum of 2 lacerations per Accident                                   | \$100.00<br>\$105.00<br>\$110.00<br>\$115.00<br>\$120.00<br>\$125.00             | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter*         |
| Accidental Death Benefit  | \$5,000.00<br>\$5,250.00<br>\$5,500.00<br>\$5,750.00<br>\$6,000.00<br>\$6,250.00 | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter*         |
| Accidental Dismemberment:<br>(A) Loss of Both Hands, Both Feet or Sight<br>of Both Eyes | \$3,333.33<br>\$3,500.00<br>\$3,666.67<br>\$3,833.33<br>\$4,000.00<br>\$4,166.67 | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter*         |
| (B) Loss of One Hand, One Foot, or Sight in<br>One Eye                                  | \$1,666.67<br>\$1,750.00<br>\$1,833.33<br>\$1,916.67<br>\$2,000.00<br>\$2,083.33 | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter*         |

\* Benefits payable on or after the first policy anniversary which follows the Covered Person's eightieth (80th) birthday will be reduced by fifty percent (50%).

## **BENEFITS SCHEDULE – PLAN D**

This is a summary of Benefits. Please read your entire policy for further explanations and limitations.

### **ACCIDENT BENEFITS**

| <b>Benefit Description</b>  | <b>Benefit Amount</b>  | <b>Policy Year</b>   |
|---|--|--|
| Hospital Confinement Up to 60 days  | \$300.00 per day<br>\$315.00 per day<br>\$330.00 per day<br>\$345.00 per day<br>\$360.00 per day<br>\$375.00 per day                               | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Intensive Care Unit Confinement Up to 30 days                                     | \$1,500.00 per day<br>\$1,575.00 per day<br>\$1,650.00 per day<br>\$1,725.00 per day<br>\$1,800.00 per day<br>\$1,875.00 per day                   | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Recovery Benefit following Hospital Confinement –<br>Maximum 30 days per Accident | \$150.00 per day<br>\$157.50 per day<br>\$165.00 per day<br>\$172.50 per day<br>\$180.00 per day<br>\$187.50 per day                               | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Ambulance   | \$150.00 per accident<br>\$157.50 per accident<br>\$165.00 per accident<br>\$172.50 per accident<br>\$180.00 per accident<br>\$187.50 per accident | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Emergency Room  | \$150.00 per accident<br>\$157.50 per accident<br>\$165.00 per accident<br>\$172.50 per accident<br>\$180.00 per accident<br>\$187.50 per accident | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Doctor's Office Visit –<br>Maximum 3 visits per Accident                          | \$75.00 per visit<br>\$78.75 per visit<br>\$82.50 per visit<br>\$86.25 per visit<br>\$90.00 per visit<br>\$93.75 per visit                         | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |

## **BENEFITS SCHEDULE – PLAN D**

| <b>Benefit Description</b>  | <b>Benefit Amount</b>  | <b>Policy Year</b>   |
|---|--|--|
| Outpatient Surgical Procedures -<br>Limited To One Payment Per Accident                 | \$1,500.00<br>\$1,575.00<br>\$1,650.00<br>\$1,725.00<br>\$1,800.00<br>\$1,875.00 | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter*         |
| Or<br><br>Fracture – Limited To One Payment Per Accident                                | <br><br>\$750.00<br>\$787.50<br>\$825.00<br>\$862.50<br>\$900.00<br>\$937.50     | <br><br>1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter* |
| Laceration –<br>Maximum of 2 lacerations per Accident                                   | \$150.00<br>\$157.50<br>\$165.00<br>\$172.50<br>\$180.00<br>\$187.50             | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter*         |
| Accidental Death Benefit  | \$7,500.00<br>\$7,875.00<br>\$8,250.00<br>\$8,625.00<br>\$9,000.00<br>\$9,375.00 | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter*         |
| Accidental Dismemberment:<br>(A) Loss of Both Hands, Both Feet or Sight<br>of Both Eyes | \$5,000.00<br>\$5,250.00<br>\$5,500.00<br>\$5,750.00<br>\$6,000.00<br>\$6,250.00 | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter*         |
| (B) Loss of One Hand, One Foot, or Sight in<br>One Eye                                  | \$2,500.00<br>\$2,625.00<br>\$2,750.00<br>\$2,875.00<br>\$3,000.00<br>\$3,125.00 | 1 <sup>st</sup> Year<br>2 <sup>nd</sup> Year<br>3 <sup>rd</sup> Year<br>4 <sup>th</sup> Year<br>5 <sup>th</sup> Year<br>6 <sup>th</sup> Year and thereafter*         |

\* Benefits payable on or after the first policy anniversary which follows the Covered Person's eightieth (80th) birthday will be reduced by fifty percent (50%).

**APPLICATION FOR ACCIDENT ONLY POLICY**  
**UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA**  
**P.O. BOX 1154, Glenview, Illinois 60025-1154, (800) 207-8050**

**Section A: Applicant Information**

Applying For: *(please check one)*

☐ New Coverage ☐ Reinstatement ☐ Increase in Benefits

**Primary Applicant**

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Social Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation \_\_\_\_\_

**Spouse**

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Social Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation \_\_\_\_\_

**Dependents**

3. Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

(For additional dependents, please attach a separate piece of paper, signed by the primary applicant, including the above information for each dependent.)

6. Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. Telephone (Day) \_\_\_\_\_ Primary Applicant's E-mail Address \_\_\_\_\_

8. Beneficiary Designation: Applicant: \_\_\_\_\_ Relationship \_\_\_\_\_ Spouse: \_\_\_\_\_ Relationship \_\_\_\_\_

**Section B: Coverage Selection and Premiums**

**Coverage: (check applicable)**

**Plan: (check one)**

☐ Primary Applicant

☐ Plan B

☐ Plan C

☐ Plan D

Modal Premium \$ \_\_\_\_\_

☐ Spouse

☐ Plan B

☐ Plan C

☐ Plan D

Modal Premium \$ \_\_\_\_\_

☐ Dependent Children

☐ Plan A

☐ Plan B

☐ Plan C

☐ Plan D

Modal Premium \$ \_\_\_\_\_

Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Draft 1<sup>st</sup> Premium

(Same as Application Date or later)

**Total Premium Collected: \$** \_\_\_\_\_

Premium Payment Modes: ☐ Monthly Bank Draft (.084) ☐ Quarterly (.265) ☐ Semi-Annual (.52) ☐ Annual

**Section C: Replacement Question**

1. Will the coverage(s) being applied for replace any existing hospital, medical, major medical, or accident insurance in this or any other company? ..... ☐ Yes ☐ No

If yes, name of person this applies to \_\_\_\_\_ Company \_\_\_\_\_

If yes, submit appropriate replacement form – (if needed in your state).

**Section D: Agreement**

Note: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a claim containing a false, incomplete, or deceptive statement of a material fact may be guilty of insurance fraud.

I represent that the answers to the above questions are complete, true and correct to the best of my knowledge and belief. I understand that omissions, misrepresentations or misstatements could result in denial of an otherwise valid claim and/or rescission, voiding or reformation of insurance. I understand that insurance applied for will not become effective until: a) approved and issued by United National Life Insurance Company of America (UNL); b) I have been furnished written notice of the effective date; and c) I have paid the premium in full. No agent or other representative of UNL has required, permitted, or encouraged me to answer any question inaccurately or has waived any conditions of this application.

Signature of Applicant

Date

Signature of Applicant's Spouse (if applicable)

Date

I certify that I have asked all the questions, and truly and accurately recorded the answers contained herein. To the best of my knowledge and belief, the insurance applied for: ☐ is or is likely, ☐ is not or is not likely to replace or change any existing policy(ies) or contract(s).

X

Soliciting Agent

Print Agent Name

Agent's Code

X

Date Signed

City, State

Agent E-Mail Address

Mail policy to: ☐ Agent ☐ Policyholder

|                                 |  |                               |  |
|---------------------------------|--|-------------------------------|--|
| <i>SERFF Tracking Number:</i>   | <i>GRTT-126141329</i>  | <i>State:</i>                 | <i>Arkansas</i>                        |
| <i>Filing Company:</i>          | <i>United National Life Insurance Company of<br/>America</i> | <i>State Tracking Number:</i> | <i>42503</i>                           |
| <i>Company Tracking Number:</i> | <i>U0960-AR</i>  |                               |  |
| <i>TOI:</i>                     | <i>H02I Individual Health - Accident Only</i>                | <i>Sub-TOI:</i>               | <i>H02I.000 Health - Accident Only</i> |
| <i>Product Name:</i>            | <i>U0960-AR</i>  |                               |  |
| <i>Project Name/Number:</i>     | <i>Accident Only /U0960-AR</i>                               |                               |  |

## **Rate Information**

Rate data does NOT apply to filing.

|                          |   |                        |                                 |
|--------------------------|---|------------------------|---------------------------------|
| SERFF Tracking Number:   | GRTT-126141329                                    | State:                 | Arkansas                        |
| Filing Company:          | United National Life Insurance Company of America | State Tracking Number: | 42503                           |
| Company Tracking Number: | U0960-AR  |                        |                                 |
| TOI:                     | H02I Individual Health - Accident Only            | Sub-TOI:               | H02I.000 Health - Accident Only |
| Product Name:            | U0960-AR  |                        |                                 |
| Project Name/Number:     | Accident Only /U0960-AR                           |                        |                                 |

## Rate/Rule Schedule

| Review Status:  | Document Name:       | Affected Form Numbers:<br>(Separated with commas) | Rate Action: | Rate Action Information: | Attachments     |
|-----------------|----------------------|---|--------------|--------------------------|-----------------|
| Approved-Closed | Accident Only Policy | U0960-AR  | New          |                          | Rates_U0960.pdf |

**UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA**  
**Accident Indemnity Policy U0960**  
**Schedule of Premiums**

**Annual Premiums**

| Issue Ages | Benefit Level B | Benefit Level C | Benefit Level D |
|------------|-----------------|-----------------|-----------------|
| 0-64       | \$166.67        | \$333.33        | \$500.00        |
| 65-74      | \$202.38        | \$404.76        | \$607.14        |

|                    |
|--------------------|
| Dependant Children |
| Benefit Level A    |
| \$107.14           |

| Modal Factors |        |
|---------------|--------|
| Mode          | Factor |
| A             | 1.000  |
| S             | 0.520  |
| Q             | 0.265  |
| M             | 0.084  |

Premiums for Benefit levels greater than those shown for Level B are linear multiples of the above



SERFF Tracking Number: GRTT-126141329 State: Arkansas  
Filing Company: United National Life Insurance Company of America State Tracking Number: 42503  
Company Tracking Number: U0960-AR  
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
Product Name: U0960-AR  
Project Name/Number: Accident Only /U0960-AR

## Supporting Document Schedules

|  |  |                       |                 |            |
|--|--|-----------------------|-----------------|------------|
| <b>Satisfied -Name:</b>                      | Flesch Certification   | <b>Review Status:</b> | Approved-Closed | 06/03/2009 |
| <b>Comments:</b>                             |  |                       |                 |            |
| <b>Attachments:</b>                          |  |                       |                 |            |
| AR-sub-Cert.pdf                              |  |                       |                 |            |
| Readability Certification U0960-AR et al.pdf |  |                       |                 |            |
| UNOT-03-AR (Rev. 7-04).pdf                   |  |                       |                 |            |
|  |  |                       |                 |            |
| <b>Bypassed -Name:</b>                       | Application  | <b>Review Status:</b> | Approved-Closed | 06/03/2009 |
| <b>Bypass Reason:</b>                        | Application UAPPH1-09-AR will be used with the submitted policy. This application is new and is submitted under the Form Schedule. |                       |                 |            |
| <b>Comments:</b>                             |  |                       |                 |            |
|  |  |                       |                 |            |
| <b>Satisfied -Name:</b>                      | Outline of Coverage  | <b>Review Status:</b> | Approved-Closed | 06/03/2009 |
| <b>Comments:</b>                             |  |                       |                 |            |
| <b>Attachment:</b>                           |  |                       |                 |            |
| OCU0960-AR.pdf                               |  |                       |                 |            |
|  |  |                       |                 |            |
| <b>Satisfied -Name:</b>                      | Exhibit for policy U0960-AR  | <b>Review Status:</b> | Approved-Closed | 06/03/2009 |
| <b>Comments:</b>                             |  |                       |                 |            |
| <b>Attachment:</b>                           |  |                       |                 |            |
| Exhibit1_U0960.pdf                           |  |                       |                 |            |
|  |  |                       |                 |            |
| <b>Satisfied -Name:</b>                      | Statement of Variability   | <b>Review Status:</b> | Approved-Closed | 06/03/2009 |
| <b>Comments:</b>                             |  |                       |                 |            |
| <b>Attachment:</b>                           |  |                       |                 |            |
| Statement of Variability.pdf                 |  |                       |                 |            |

**STATE OF ARKANSAS**

**CERTIFICATION OF COMPLIANCE**

Re: Policy Form U0960-AR

The United National Life Insurance Company of America, in Glenview, Illinois does hereby certify that this policy form submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements for this category of insurance pursuant to the Arkansas Department of Insurance.

UNITED NATIONAL LIFE INSURANCE COMPANY

BY



Thomas Dunkin  
President

Date 5/27/2009

## CERTIFICATE OF READABILITY

Form Number(s): U0960-AR, UAPPH1-09-AR and OCU0960-AR

Flesch Test Score(s): 45.10, 50.88 and 48.06 respectively.

I hereby certify that to the best of my knowledge and belief, the above form(s) meet the minimum reading ease requirements of your Department. The Flesch Reading Ease Test score(s) are listed above.

UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA



\_\_\_\_\_  
Allan J. Heindl, FLMI, HIA, AIRC  
Vice President – Product Approval & Compliance

Date: May 27, 2009

**UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA**  
**P. O. Box 1154, Glenview, IL 60025-1154**  
**(847) 803-5252 or Toll-free 1-800-207-8050**

**Agent** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_  
**Telephone Number** \_\_\_\_\_

---

**IMPORTANT NOTICE**

You may file a complaint with your state's Department of Insurance by writing:

**Consumer Services Division**  
Arkansas Insurance Department  
Room 120, First Floor  
1200 West Third Street  
Little Rock, AR 72201-1904

You may also contact the Consumer Services Division by telephone or fax at:

Telephone: (501) 371-2640  
Toll-Free: 1-800-852-5494  
Fax: (501) 371-2618

If you have Internet access, you may file an on-line complaint at the following email address:

**[Insurance.Consumers@mail.state.ar.us](mailto:Insurance.Consumers@mail.state.ar.us)**

**UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA**

P.O Box 1154  
Glenview, Illinois 60025

**ACCIDENT ONLY COVERAGE****OUTLINE OF COVERAGE**

For Policy Form U0960-AR

**KEEP THIS OUTLINE OF COVERAGE FOR YOUR RECORDS**

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

**READ YOUR POLICY CAREFULLY** – This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

**ACCIDENT ONLY COVERAGE** – Policies of this category are designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expense.

**BENEFITS**

Policy benefit amounts are payable according to a Covered Person's selected Plan.

| <b>Benefit Description</b>  | <b>Policy Year</b>                   | <b>Plan A</b>    | <b>Plan B</b>    | <b>Plan C</b>     | <b>Plan D</b>     |
|---|--------------------------------------|------------------|------------------|-------------------|-------------------|
| Hospital Confinement<br>Up to 60 days                                       | 1 <sup>st</sup> Year                 | \$50.00/day      | \$100.00/day     | \$200.00/day      | \$300.00/day      |
|   | 2 <sup>nd</sup> Year                 | \$52.50/day      | \$105.00/day     | \$210.00/day      | \$315.00/day      |
|   | 3 <sup>rd</sup> Year                 | \$55.00/day      | \$110.00/day     | \$220.00/day      | \$330.00/day      |
|   | 4 <sup>th</sup> Year                 | \$57.50/day      | \$115.00/day     | \$230.00/day      | \$345.00/day      |
|   | 5 <sup>th</sup> Year                 | \$60.00/day      | \$120.00/day     | \$240.00/day      | \$360.00/day      |
|   | 6 <sup>th</sup> Year and thereafter* | \$62.50/day      | \$125.00/day     | \$250.00/day      | \$375.00/day      |
| Intensive Care Unit Confinement<br>Up to 30 days                            | 1 <sup>st</sup> Year                 | \$250.00/day     | \$500.00/day     | \$1,000.00/day    | \$1,500.00/day    |
|   | 2 <sup>nd</sup> Year                 | \$262.50/day     | \$525.00/day     | \$1,050.00/day    | \$1,575.00/day    |
|   | 3 <sup>rd</sup> Year                 | \$275.00/day     | \$550.00/day     | \$1,100.00/day    | \$1,650.00/day    |
|   | 4 <sup>th</sup> Year                 | \$287.50/day     | \$575.00/day     | \$1,150.00/day    | \$1,725.00/day    |
|   | 5 <sup>th</sup> Year                 | \$300.00/day     | \$600.00/day     | \$1,200.00/day    | \$1,800.00/day    |
|   | 6 <sup>th</sup> Year and thereafter* | \$312.50/day     | \$625.00/day     | \$1,250.00/day    | \$1,875.00/day    |
| Recovery Benefit following Hospital Confinement – Maximum 30 days /accident | 1 <sup>st</sup> Year                 | \$25.00/day      | \$50.00/day      | \$100.00/day      | \$150.00/day      |
|   | 2 <sup>nd</sup> Year                 | \$26.25/day      | \$52.50/day      | \$105.00/day      | \$157.50/day      |
|   | 3 <sup>rd</sup> Year                 | \$27.50/day      | \$55.00/day      | \$110.00/day      | \$165.00/day      |
|   | 4 <sup>th</sup> Year                 | \$28.75/day      | \$57.50/day      | \$115.00/day      | \$172.50/day      |
|   | 5 <sup>th</sup> Year                 | \$30.00/day      | \$60.00/day      | \$120.00/day      | \$180.00/day      |
|   | 6 <sup>th</sup> Year and thereafter* | \$31.25/day      | \$62.50/day      | \$125.00/day      | \$187.50/day      |
| Ambulance   | 1 <sup>st</sup> Year                 | \$50.00/accident | \$50.00/accident | \$100.00/accident | \$150.00/accident |
|   | 2 <sup>nd</sup> Year                 | \$52.50/accident | \$52.50/accident | \$105.00/accident | \$157.50/accident |
|   | 3 <sup>rd</sup> Year                 | \$55.00/accident | \$55.00/accident | \$110.00/accident | \$165.00/accident |
|   | 4 <sup>th</sup> Year                 | \$57.50/accident | \$57.50/accident | \$115.00/accident | \$172.50/accident |
|   | 5 <sup>th</sup> Year                 | \$60.00/accident | \$60.00/accident | \$120.00/accident | \$180.00/accident |
|   | 6 <sup>th</sup> Year and thereafter* | \$62.50/accident | \$62.50/accident | \$125.00/accident | \$187.50/accident |
| Emergency Room  | 1 <sup>st</sup> Year                 | \$25.00/accident | \$50.00/accident | \$100.00/accident | \$150.00/accident |
|   | 2 <sup>nd</sup> Year                 | \$26.25/accident | \$52.50/accident | \$105.00/accident | \$157.50/accident |
|   | 3 <sup>rd</sup> Year                 | \$27.50/accident | \$55.00/accident | \$110.00/accident | \$165.00/accident |
|   | 4 <sup>th</sup> Year                 | \$28.75/accident | \$57.50/accident | \$115.00/accident | \$172.50/accident |
|   | 5 <sup>th</sup> Year                 | \$30.00/accident | \$60.00/accident | \$120.00/accident | \$180.00/accident |
|   | 6 <sup>th</sup> Year and thereafter* | \$31.25/accident | \$62.50/accident | \$125.00/accident | \$187.50/accident |

| Benefit Description   | Policy Year                          | Plan A        | Plan B        | Plan C        | Plan D        |
|---|--------------------------------------|---------------|---------------|---------------|---------------|
| Doctor's Office Visit -<br>Maximum 3 visits per<br>accident   | 1 <sup>st</sup> Year                 | \$25.00/visit | \$25.00/visit | \$50.00/visit | \$75.00/visit |
|   | 2 <sup>nd</sup> Year                 | \$26.25/visit | \$26.25/visit | \$52.50/visit | \$78.75/visit |
|   | 3 <sup>rd</sup> Year                 | \$27.50/visit | \$27.50/visit | \$55.00/visit | \$82.50/visit |
|   | 4 <sup>th</sup> Year                 | \$28.75/visit | \$28.75/visit | \$57.50/visit | \$86.25/visit |
|   | 5 <sup>th</sup> Year                 | \$30.00/visit | \$30.00/visit | \$60.00/visit | \$90.00/visit |
|   | 6 <sup>th</sup> Year and thereafter* | \$31.25/visit | \$31.25/visit | \$62.50/visit | \$93.75/visit |
| Outpatient Surgical<br>Procedures -<br>Limited To One<br>Payment /accident<br>Or<br>Fracture -<br>Limited To One<br>Payment /accident | 1 <sup>st</sup> Year                 | \$250.00      | \$500.00      | \$1,000.00    | \$1,500.00    |
|   | 2 <sup>nd</sup> Year                 | \$262.50      | \$525.00      | \$1,050.00    | \$1,575.00    |
|   | 3 <sup>rd</sup> Year                 | \$275.00      | \$550.00      | \$1,100.00    | \$1,650.00    |
|   | 4 <sup>th</sup> Year                 | \$287.50      | \$575.00      | \$1,150.00    | \$1,725.00    |
|   | 5 <sup>th</sup> Year                 | \$300.00      | \$600.00      | \$1,200.00    | \$1,800.00    |
|   | 6 <sup>th</sup> Year and thereafter* | \$312.50      | \$625.00      | \$1,250.00    | \$1,875.00    |
| Laceration -<br>Maximum of 2<br>lacerations /accident   | 1 <sup>st</sup> Year                 | \$125.00      | \$250.00      | \$500.00      | \$750.00      |
|   | 2 <sup>nd</sup> Year                 | \$131.25      | \$262.50      | \$525.00      | \$787.50      |
|   | 3 <sup>rd</sup> Year                 | \$137.50      | \$275.00      | \$550.00      | \$825.00      |
|   | 4 <sup>th</sup> Year                 | \$143.75      | \$287.50      | \$575.00      | \$862.50      |
|   | 5 <sup>th</sup> Year                 | \$150.00      | \$300.00      | \$600.00      | \$900.00      |
|   | 6 <sup>th</sup> Year and thereafter* | \$156.25      | \$312.50      | \$625.00      | \$937.50      |
| Accidental Death<br>Benefit   | 1 <sup>st</sup> Year                 | \$25.00       | \$50.00       | \$100.00      | \$150.00      |
|   | 2 <sup>nd</sup> Year                 | \$26.25       | \$52.50       | \$105.00      | \$157.50      |
|   | 3 <sup>rd</sup> Year                 | \$27.50       | \$55.00       | \$110.00      | \$165.00      |
|   | 4 <sup>th</sup> Year                 | \$28.75       | \$57.50       | \$115.00      | \$172.50      |
|   | 5 <sup>th</sup> Year                 | \$30.00       | \$60.00       | \$120.00      | \$180.00      |
|   | 6 <sup>th</sup> Year and thereafter* | \$31.25       | \$62.50       | \$125.00      | \$187.50      |
| Accidental<br>Dismemberment:  | 1 <sup>st</sup> Year                 | \$1,250.00    | \$2,500.00    | \$5,000.00    | \$7,500.00    |
|   | 2 <sup>nd</sup> Year                 | \$1,312.50    | \$2,625.00    | \$5,250.00    | \$7,875.00    |
|   | 3 <sup>rd</sup> Year                 | \$1,375.00    | \$2,750.00    | \$5,500.00    | \$8,250.00    |
|   | 4 <sup>th</sup> Year                 | \$1,437.50    | \$2,875.00    | \$5,750.00    | \$8,625.00    |
|   | 5 <sup>th</sup> Year                 | \$1,500.00    | \$3,000.00    | \$6,000.00    | \$9,000.00    |
|   | 6 <sup>th</sup> Year and thereafter* | \$1,562.50    | \$3,125.00    | \$6,250.00    | \$9,375.00    |
| (A) Loss of Both<br>Hands, Both Feet or<br>Sight of Both Eyes   | 1 <sup>st</sup> Year                 | \$1,000.00    | \$1,666.67    | \$3,333.33    | \$5,000.00    |
|   | 2 <sup>nd</sup> Year                 | \$1,050.00    | \$1,750.00    | \$3,500.00    | \$5,250.00    |
|   | 3 <sup>rd</sup> Year                 | \$1,100.00    | \$1,833.33    | \$3,666.67    | \$5,500.00    |
|   | 4 <sup>th</sup> Year                 | \$1,150.00    | \$1,916.67    | \$3,833.33    | \$5,750.00    |
|   | 5 <sup>th</sup> Year                 | \$1,200.00    | \$2,000.00    | \$4,000.00    | \$6,000.00    |
|   | 6 <sup>th</sup> Year and thereafter* | \$1,250.00    | \$2,083.33    | \$4,166.67    | \$6,250.00    |
| (B) Loss of One Hand,<br>One Foot, or Sight<br>in One Eye   | 1 <sup>st</sup> Year                 | \$500.00      | \$833.33      | \$1,666.67    | \$2,500.00    |
|   | 2 <sup>nd</sup> Year                 | \$525.00      | \$875.00      | \$1,750.00    | \$2,625.00    |
|   | 3 <sup>rd</sup> Year                 | \$550.00      | \$916.67      | \$1,833.33    | \$2,750.00    |
|   | 4 <sup>th</sup> Year                 | \$575.00      | \$958.33      | \$1,916.67    | \$2,875.00    |
|   | 5 <sup>th</sup> Year                 | \$600.00      | \$1,000.00    | \$2,000.00    | \$3,000.00    |
|   | 6 <sup>th</sup> Year and thereafter* | \$625.00      | \$1,041.67    | \$2,083.33    | \$3,125.00    |

## EXCLUSIONS

The policy does not pay benefits for:

- Treatment, services or supplies which:
  - Are not Medically Necessary;
  - Are not prescribed by a Doctor as necessary to treat an Injury;
  - Are determined to be Experimental/Investigational in nature;
  - Are received without charge or legal obligation to pay;
- Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law.
- Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare-paying passenger on a regularly scheduled commercial airline.
- Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
- Treatment of Sickness, disease or infections including degenerative joint disease and/or non-traumatic arthritis, except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances.
- Suicide or attempted suicide while sane; or self-destruction or an attempt to self-destroy while insane.
- Injury sustained while committing or attempting to commit a felony.
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.
- Loss caused by or resulting from any Injury to the spine, or the cervical, thoracic spinal, dorsal, sacro-iliac, or lumbar regions unless loss begins not less than 6 months after the Covered Person's effective date of coverage.
- Repetitive motion Injuries, Strains, all types of hernia, tendinitis, bursitis and heat exhaustion not related to a specific Injury.
- Loss resulting from testing cars/trucks on any racetrack or speedway.
- Injury sustained while taking part in any of the following activities: competing in motor sport or water sport races or competitions; spelunking (exploring caves); scaling up or down cliffs or mountain walls; practice for or participation in a rodeo; flying in an ultra light, hang gliding, parachuting, bungee cord jumping.
- Injuries incurred outside of the United States or its possessions, unless such loss is incurred while the Covered Person is on a trip of not more than 60 days.

## AUTOMATIC BENEFIT INCREASE

Each policy anniversary date We will increase the amount payable for the Daily Hospital Confinement Benefit, Daily Intensive Care Unit Confinement Benefit, Recovery Benefit, Ambulance Benefit, Emergency Room Benefit, Doctor's Office Visit Benefit, Outpatient Surgical Benefit, Fracture benefit, Laceration Benefit and the Accidental Death and Dismemberment Benefit. After the first policy year, each of these benefits will be increased by five percent (5%) per year of the initial benefit amounts for five (5) years while the Policy remains in force.

All benefits payable under the Policy shall be calculated based on the scheduled benefits for the policy anniversary year in which the accident occurred. Benefits are not payable based on any other date.

## BENEFIT REDUCTION

For any loss due to an accident occurring on or after the first policy anniversary which follows the Covered Person's eightieth (80<sup>th</sup>) birthday, all benefits payable will be reduced by fifty percent (50%).

**RENEWABILITY** - THIS POLICY IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your policy, to continue the policy as long as you pay your premiums on time. We cannot change any of the terms of your policy on our own, except that, in the future, WE MAY INCREASE THE PREMIUM YOU PAY. A change in premium may be due to a change in benefits, or a new table of rates. We will provide you with written notice at least 31 days in advance of any change in renewal premium.

## INITIAL ANNUAL PREMIUM

|          |                                 | <b>Primary Insured</b> | <b>Spouse,<br/>(if applying for coverage)</b> | <b>Dependent Child(ren)<br/>(if applying for coverage.)</b> |
|----------|---------------------------------|------------------------|---|---|
| <b>1</b> | <b>Accident Only Policy</b>     | Plan_____ \$_____      | Plan_____ \$_____                             | Plan_____<br>\$_____ x _____ child(ren)                     |
| <b>2</b> | <b>Annual Premium Sub-Total</b> | \$ _____               | \$ _____                                      | \$ _____<br>(total for all children)                        |

(Add sub-totals from line 3, across)

**TOTAL ANNUAL POLICY PREMIUM: \$ \_\_\_\_\_**

\* Benefits payable on or after the first policy anniversary which follows the Covered Person's eightieth (80<sup>th</sup>) birthday will be reduced by fifty percent (50%).

## Exhibit I

**UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA**  
**Accident Indemnity Policy U0960**  
**Benefits Summary**

### Benefits

| Benefit Description   | 1 Units<br>Benefit Level B | 2 Units<br>Benefit Level C | 3 Units<br>Benefit Level D | Child Only<br>Benefit Level A |
|---|----------------------------|----------------------------|----------------------------|-------------------------------|
| Daily Hospital Confinement  | 100                        | 200                        | 300                        | 50                            |
| Daily Intensive Care  | 500                        | 1000                       | 1500                       | 250                           |
| Recovery Following Hospital Confinement   | 50                         | 100                        | 150                        | 25                            |
| Outpatient Surgery  | 500                        | 1000                       | 1500                       | 250                           |
| Fractured or Broken Bone  | 250                        | 500                        | 750                        | 125                           |
| Emergency Room  | 50                         | 100                        | 150                        | 25                            |
| Doctor Visit  | 25                         | 50                         | 75                         | 25                            |
| Ambulance   | 50                         | 100                        | 150                        | 50                            |
| Laceration Stitches or staples  | 50                         | 100                        | 150                        | 25                            |
| Accidental Death  | 2500                       | 5000                       | 7500                       | 1250                          |
| Accidental Dismemberment - (a)<br>Los ofBoth Hands, feet, sight   | 1666.67                    | 3333.33                    | 5000                       | 1000                          |
| Accidental Dismemberment - (b)<br>Los ofBoth Hands, feet, sight   | 833.33                     | 1666.67                    | 2500                       | 500                           |
| Benefits Amounts and Premiums for Benefit levels greater than those shown for Level B are linear multiples of the above |                            |                            |                            |                               |

| Benefit Increase Factors* |        |
|---------------------------|--------|
| Policy Year               | Factor |
| 1                         | 1.00   |
| 2                         | 1.05   |
| 3                         | 1.10   |
| 4                         | 1.15   |
| 5                         | 1.20   |
| 6+                        | 1.25   |

\* The benefit payable during the policy year is the Initial Benefit multiplied by the factor

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# United National Life Insurance Company of America

## Statement of Variability For U0960-AR (Policy) UAPPH1-09-AR (Application)

The bracketing of variable text in Policy form U0960-AR is limited to the following:

1. PAGE 1 of the Policy – Variability is limited to the Policy Owner Name, Policy Effective Date , Policy Number, and signature of current President and Secretary of United National Life Insurance Company of America.

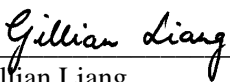
### Policy Schedule

2. Policy Number: Automatically assigned at the time policy is issued by the Company.
3. Effective Date: Date policy becomes effective – either of: (a) the date the application is signed or the date the applicant(s) are determined to have completed the company's underwriting process; or (b) the effective date requested by the applicant.
4. Name of Insured: Applicants name.
5. Age at Issue: Applicant's attained age
6. State of Issue: The state the Policy is issued in.
7. Mode Selected: Premium payment schedule selected by the Applicant. Limited to: Monthly, Quarterly, Semi-Annually or Annually
8. Benefit Plan: Limited to Plans A, B, C and D (*with benefit amounts increasing upward from Plan A*)
9. Covered Dependents: This section will show if additional family members are covered, such as spouse and children. The names, age(s) at issue and the benefit plan chosen will also reflect in this section.
10. Annual Premiums: The annual premium for each insured member for the Accident Only Coverage is shown.
11. Total Premiums: Varies by number and age of the insured and covered dependents, as well as choice of benefit plan(s).

### Applications UAPPH1-09-AR

12. Section B – Benefit Plans A through D will be offered. In the event additional plans (for example a higher hospital benefit) the rates and schedule pages for such plans will be filed for approval. However, we would not anticipate refiling the applications for this change. Instead our cover letter would indicate the application in use and that such application would be modified in the Coverage Selection only.

Variability is limited to changing these portions only in context that remains compliant with (*state*) regulatory requirements. Any new benefit plans, benefit periods, or premium rates will be filed with the (*state*) Department of Insurance before use. The Company reserves the right to discontinue marketing benefit riders not mandated under state law.

  
\_\_\_\_\_  
Gillian Liang  
Senior Compliance Analyst  
United National Life Insurance Company of America  
May 18, 2009